Book Forum

TEXTBOOKS

DSM-IV Sourcebook, Vol. 1, *edited by Thomas A. Widiger, Ph.D., Allen J. Frances, M.D., Harold Alan Pincus, M.D., Michael B. First, M.D., Ruth Ross, M.A., and Wendy Davis, Ed.M. Washington, D.C., American Psychiatric Association, 1994, 734 pp., $78.00.*

The preparation of DSM-IV was by far the most ambitious undertaking in the history of American psychiatric nosology. Most significantly, the DSM-IV process emphasized the need to document the scientific basis for changes in the nomenclature (1, 2). DSM-III and DSM-III-R were each the result of the consensus of groups of experts in psychopathology. There were no systematic efforts on the part of those groups of experts to compile or analyze available scientific knowledge, except for a modest collection of brief chapters, annotated articles, and a reference list called *An Annotated Bibliography of DSM-III* (3), which I prepared with the help of Robert Spitzer and managed to publish contemporaneously with DSM-III-R. In contrast, the DSM-IV work groups were responsible for conducting comprehensive literature reviews to explicitly document evidence supporting text and criteria published in DSM-IV.

More than 170 reviews were completed. They covered the clinical utility, reliability, descriptive validity, and external validity of proposed criteria sets. *DSM-IV Sourcebook, Vol. 1* is the first of four planned volumes that together will chronicle the empirical development of DSM-IV.

The first volume is divided into five sections: Substance-Related Disorders; Delirium, Dementia, and Amnestic and Other Cognitive Disorders; Schizophrenia and Other Psychotic Disorders; Medication-Induced Movement Disorders; and Sleep Disorders. Each section begins with a chapter written by the chairperson of the corresponding DSM-IV work group. The introductory chapters outline the nosologic problems with which the particular work group grappled. Individual literature reviews follow, dealing with the specific problems or questions addressed. For example, among the 13 chapters in the Substance-Related Disorders section are chapters on the appropriate definition of substance abuse and its relationship to substance dependence; the definition of substance dependence; the relationship among alcohol problems, substance abuse, and other psychiatric syndromes; criteria for remission; and criteria for the severity of dependence. Among the eight chapters in the Schizophrenia and Other Psychotic Disorders section are chapters on the characteristic symptoms of schizophrenia, the positive-negative distinction, issues pertaining to the onset and duration of schizophrenia, classical subtypes of schizophrenia, and late-onset schizophrenia. Each chapter is organized by a statement of the issues, discussion of the significance of the issues, description of the methods used in conducting the literature review, presentation of the results of the review, a discussion, and recommendations (4).

The reviews were intended to be comprehensive, objective, and dispassionate. In general, the authors live up to these expectations. The section on Schizophrenia and Other Psychotic Disorders is particularly noteworthy. A wealth of information is cogently distilled in the individual chapters, presented in pithy, analytic summaries and illustrated by valuable summary tables synthesizing study results, particularly in the chapters by Andreasen and Flaum, Kendler, and McGlashan and Fenton. This section teaches the history and current status of the diagnosis of schizophrenia in a highly efficient and effective 150 pages.

Most chapters in the volume's other sections draw on broad clinical and research literatures and include between 50 and 150 of the best references on their topics. In a few cases, authors were surprised to find only two or three articles that exactly addressed a critical issue, such as the operationalization of the DSM-III or DSM-III-R criteria for delirium and the differentiation of amnestic disorder from dementia. Most authors tend to be unbiased, although a few seem to promote a specific proposal for DSM-IV, and their chapters read more like supporting documents than the consensus reports they were intended to be. With few exceptions, the chapters are models of clear conceptualization and exposition. The chapter by Popkin and Tucker in the section on Delirium, Dementia, and Amnestic and Other Cognitive Disorders is exemplary.

I found little to fault in the material contained in volume 1 of the *DSM-IV Sourcebook*. My only criticism arose after I stepped back to reflect on the DSM-IV process and viewed this book from the perspective of the needs of the psychiatric clinician, educator, or researcher/consumer using DSM-IV. The *DSM-IV Sourcebook* provides the empirical foundation for a diagnostic classification that has been available now for more than a year and a half. At the time of this writing, only volume 1 has been released. Volume 1 reviews only four of the 15 major classes of disorders in DSM-IV and, what may be more important, presents only information in support of the options for DSM-IV published in the *DSM-IV Options Book* in 1991 (5). Missing are reviews of issues pertaining to other disorders of widespread interest, such as the mood, anxiety, and personality disorders (to be published in volume 2), as well as information from other key components of the DSM-IV empirical process, i.e., the data reanalyses supported by the MacArthur Foundation and the DSM-IV focused field trials (2). These data, as well as reports on the deliberations of the DSM-IV work groups, which digested massive amounts of information, are needed to fully trace the rationale for any of the decisions affecting the final version of DSM-IV and may not be fully available for several more years. Although some reviews and DSM-IV-oriented studies have been independently published by their authors in journals, I am disappointed at the delay in being able to readily access the additional reviews and studies, especially since I can now appreciate their potential value firsthand. I fully sympathize with Dr. Widiger and his colleagues for the immensity of this enterprise; nevertheless, I wish that the publication of the complete *DSM-IV Sourcebook* had been more timely.

Finally, it seems evident to me that a considerable educational challenge remains for DSM-IV. Learning the changes that made their way into the manual may be the simple part, because the conservative approach to DSM-IV resulted in a

much less radical revision of the classification and criteria than might have been expected (6). The value of the empirical process, however, is that we can now discern the strengths and weaknesses in the classification from the perspectives of both theory and data. It would be a shame if psychiatrists never realized the full potential of DSM-IV as a clinical, educational, and research tool.

REFERENCES

1. Frances AJ, Widiger TA, Pincus HA: The development of DSM-IV. Arch Gen Psychiatry 1989; 46:373–375
2. Frances A, Pincus HA, Widiger TA, Davis WW, First MB: DSM-IV: work in progress. Am J Psychiatry 1990; 147:1439–1448
3. Skodol AE, Spitzer RL (eds): An Annotated Bibliography of DSM-III. Washington, DC, American Psychiatric Press, 1987
4. Widiger TA, Frances AJ, Pincus HA, Davis WW: DSM-IV literature reviews: rationale, process, and limitations. J Psychopathology and Behavioral Assessment 1990; 12:189–202
5. American Psychiatric Association: DSM-IV Options Book: Work in Progress. Washington, DC, APA, 1991
6. Pincus HA, Frances A, Davis WW, First MB, Widiger TA: DSM-IV and new diagnostic categories: holding the line on proliferation. Am J Psychiatry 1992; 149:112–117

ANDREW E. SKODOL, M.D.
New York, N.Y.

The American Psychiatric Press Textbook of Psychiatry, 2nd ed., *edited by Robert E. Hales, M.D., Stuart C. Yudofsky, M.D., and John A. Talbott, M.D. Washington, D.C., American Psychiatric Press, 1994, 1,610 pp., $150.00.*

In 1989 I had the opportunity to review the first edition of this textbook and noted that it was one of the best textbooks of psychiatry currently available for medical students and residents (1). My opinion is even more enthusiastic after reading the second edition, which is comprehensive, up-to-date, and gives a clear picture of the new psychiatry.

The current edition is 20% larger and, in terms of style and content, even more refined and readable. Eighteen new authors or co-authors have been added as well as eight new editorial board members, which assures an updating. The increase in size reflects the increase in the knowledge base of our field in the past 7 years.

The text is divided into five major sections: Theoretical Foundations, Assessment, Psychiatric Disorders, Psychiatric Treatments, and Special Topics. Each of the many chapters in these sections is clear and straightforward. DSM-IV has been incorporated throughout the text. In fact, DSM-IV has influenced it in the sense that some of the new chapters relate to DSM-IV (i.e., "Psychological Factors Affecting Medical Conditions," "Factitious Disorders and Malingering," and "Pain Disorders"). Other new chapters reflect the current medical scene, such as "Brief Psychodynamic Individual Psychotherapy," "Behavioral Therapy," and "Cognitive Therapy." There are also new chapters entitled "Women in Psychiatry" and "Psychiatric Education."

The second edition of this book has grown in proportion to the knowledge base in psychiatry but has been kept within one volume, which should be of real use to medical students, residents, and practicing clinicians. *The American Psychiatric Press Textbook of Psychiatry* remains one of the best single-volume texts in psychiatry and shows the current range of psychiatry from basic neuroscience to psychodynamics. The editors are to be complimented for the uniformity of the text and the comprehensiveness of the presentation. The excellent chapters and qualities of the first edition have been retained, and the new chapters enhance its worth.

REFERENCE

1. Tucker GJ: Book review, JA Talbott, RE Hales, SC Yudofsky (eds): The American Psychiatric Press Textbook of Psychiatry. Am J Psychiatry 1989; 146:927–928

GARY J. TUCKER, M.D.
Seattle, Wash.

Introductory Textbook of Psychiatry, 2nd ed., *by Nancy C. Andreasen, M.D., Ph.D., and Donald W. Black, M.D. Washington, D.C., American Psychiatric Press, 1995, 734 pp., $58.00; $45.00 (paper).*

Do we need any more basic psychiatry textbooks? Given the declining number of students who find psychiatry sufficiently rewarding to consider it as a career and the increased role being played by primary care physicians in the triage of psychiatric patients and the delivery of mental health services, one would have to conclude that we do. Is this the text to recommend to students? The answer depends on the goals of the undergraduate course work.

The second edition of Andreasen and Black's *Introductory Textbook of Psychiatry* is subdivided into three parts: an introductory section entitled Background, two sections on specific disorders (Psychiatric Disorders and Special Topics), and a brief Treatments section. Study questions help to focus the material. With only a few exceptions, the chapters covering specific DSM-IV disorders are very useful. These chapters contain brief discussions of epidemiology, presumed etiology, course, differential diagnosis, and treatment, amplified by succinct but interesting case material. In particular, the chapters on obsessive-compulsive disorder, somatoform disorders, and dissociative disorders manage to be concise yet complete enough for any neophyte. In the chapter on depression, however, the authors recommend supportive and psychodynamic psychotherapy but neglect to mention psychotherapies that have actually been shown to be useful in the treatment of depression, such as cognitive, interpersonal, and related therapies. These therapies are mentioned at the end of the book, but they do not appear to be considered sufficiently relevant to include in a comprehensive treatment plan for depression, despite controlled studies supporting their efficacy.

Sections on miscellaneous psychiatric problems and psychiatric treatments are generally well done, with only a few errors of omission or commission. For example, the authors point out that most people who kill themselves communicate suicidal intention before the event, but they do not mention that the communication is often to a primary care physician. Uninformed readers could be misled by statements that a "treatable mental illness" (as opposed to any mental illness) must be present for patients to be committed and that lithium can be discontinued abruptly because this does not cause a withdrawal syndrome (there is no warning about the potential impact of withdrawal on the course of the mood disorder). These kinds of oversights occur in all books and underscore the need for faculty to actually read the books they recommend to their students.

Many chapters contain discussions of psychosocial man-

agement, but these are often perfunctory, and the reader gets the impression that medications are the "real" treatments for most psychiatric disorders, regardless of the strength of the data supporting their use. This orientation is codified in the chapters in the Background section. Stating in the preface to the second edition that the first edition of their book was thought by "some critics" to be too "biological," the authors are unapologetic, preferring to call themselves "objective, empirical, or scientific" (p. ix).

In the Background section, with the rallying cry, "The study of psychiatry...is, therefore, a discipline dedicated to the investigation of abnormalities in brain function" (p. 16), the authors provide extensive descriptions of imaging studies, EEGs, and brain electrical activity mapping, presenting Alzheimer's disease, multi-infarct dementia, and Huntington's disease as prototypical psychiatric disorders that can be diagnosed with these methodologies. The discussion sounds scientific but does not make it clear to the uninitiated reader that neuroimaging findings in more traditional psychiatric disorders like schizophrenia and mood disorders cannot be meaningfully applied to routine diagnosis. An exemplary description is provided of the clinical interview, but the introductory comments are so weighted toward laboratory tests, brain neuroanatomy, Nobel prizes for neurophysiology, and diseases that many would consider neurological that they seem to be aimed at budding neurologists who would necessarily address the impact of mental state on their patients' illnesses.

The depth of this portion of the book tends to vary. For example, extensive technical discussions of magnetic resonance imaging strategies never define basic terms. A discussion of second messengers mentions only cyclic AMP and omits important recent work on the calcium ion/phosphatidylinositol messenger system. There is nothing on the influence of experience on gene expression, or even on the impact of the brain (let alone the mind) on the rest of the body. Limiting psychiatry's area of study to the brain tends to ignore such equally "scientific" topics as diffuse changes in cellular function in psychiatric disorders or the influence of mood on immune function or cancer survival.

This concept of psychiatry reflects current tensions in the field. Economic and philosophical pressures, not to mention an explosion of knowledge in neurobiology, are forcing many of us to narrow our focus, so that we have no time, energy, or sense of "payoff" to attempt to integrate diverse domains of knowledge in our clinical thinking or research. Under assault by psychologists who consider themselves experts in psychopharmacology and family physicians who consider themselves experts in psychiatry, we feel more driven to clarify the unique aspects of our specialty as a branch of medicine. If we define ourselves strictly as neurobiological scientists, it may help patients, third-party payers, funding agencies, and students to distinguish us from other practitioners. But what will happen if our focus is too narrow, if current technologies are slow to prove their usefulness for diagnosis and treatment, or if no one will pay for them?

STEVEN L. DUBOVSKY, M.D.
Denver, Colo.

Caring for the Mind: The Comprehensive Guide to Mental Health, *by Dianne Hales and Robert E. Hales, M.D. New York, Bantam Books, 1995, 853 pp., $39.95.*

Dianne and Robert Hales, an accomplished writer and a noted psychiatrist, have produced a balanced and reader-friendly "home mental health companion," sure to find its way into many home, school, public, and professional libraries.

Fully current and aligned with DSM-IV, the book begins with clear overviews of contemporary psychiatric thinking, research frontiers, definitions and prevalence of mental illness, everyday issues such as marital problems and bereavement, and seeking help for mental health problems. Next, the focus turns to specific disorders and problem behaviors. Disorders are presented roughly in the order of their prevalence in the community, starting with depressive and anxiety disorders, then substance dependence and abuse, and so on. Each of the more than 20 chapters starts with a checklist of 10–20 important signs and symptoms for patients and families. Clinicians, patients, and families will all benefit from using these checklists and chapters for orientation and education during initial evaluations and interventions. Each condition is defined, described, and discussed in terms of how the disorder "feels," prevalence, causation, risks and complications, treatment options, psychotherapies, most frequently used medications (including doses and side effects), special treatment issues, potential self-help measures, impact on relationships, and outlook. Where available, practice guidelines are mentioned. Disorders are richly illustrated, and clinical vignettes are filled with quotes from patients and families. Ample coverage is given to "special issues," including suicidal, aggressive, and violent behaviors as well as childhood, geriatric, and general medical disorders.

Psychodynamic, psychoanalytic, interpersonal, supportive, cognitive-behavioral, behavioral, couples, marital, family, and group therapies are each addressed with regard to rationale, goals, techniques, patients who are most likely to benefit, and anticipated duration of treatment. The guide to medications details the most popular selective serotonin reuptake inhibitors, newer atypical antidepressants and antipsychotics, and older medications. ECT is well discussed. Self-help strategies offered include "mental hygiene" techniques such as progressive relaxation and meditation. The material for families is particularly helpful, offering concrete suggestions for coping with difficult scenarios. Controversial issues are not skirted (for example, the question, "Can suicide be rational?" is raised).

The book includes useful self-assessment checklists (e.g., "Are you co-dependent?") and concrete dos and don'ts (e.g., tips for young children of alcoholics, how to get a good night's sleep, what to do if you or someone you love may be considering suicide, what to do when a parent of young children or a partner has a problem). The glossary, resource directory (by disorder and by geographic region), and suggested readings are all helpful.

Although expected costs of treatment are mentioned for a few medications and treatment approaches, and although virtually all patients and families are concerned about expense, financial issues generally receive little discussion. Similarly, organized systems of private and public care—what patients and families might encounter and how they might cope—get much less attention than more traditional care. These important issues can be better addressed in the subsequent editions that are likely to appear, since I fully expect this well-done book to become a classic.

JOEL YAGER, M.D.
Albuquerque, N.Mex.

AIDS, Health, and Mental Health: A Primary Sourcebook, *by Judith Landau-Stanton and Colleen D. Clements. New York, Brunner/Mazel, 1993, 370 pp., $39.95.*

This volume is one of the first to use general systems theory as an organizing framework that can help us understand HIV disease. This is an especially useful framework because it enables us to "incorporate the importance of both detailed specialization of knowledge and a broad synthesis of the multiple levels of explanation that constitute the whole system" (p. 26). Since HIV/AIDS is a disease with an impact on a variety of different levels, taking such a broad perspective can be quite helpful when trying to learn about this complex disease. The authors are faithful to their systems perspective in that all of the chapters of the book not only provide detailed subject matter but also keep in mind the "bigger picture" into which that information falls.

The book was released in April 1993, so it is more than 2 years old as this review is being written; therefore, some information is already out-of-date. This is especially true of the chapter that deals with medical management issues. There have been important changes in antiviral therapies and other medical developments that are not reflected in the chapter. However, much of the information regarding transmission and related matters still remains accurate and is useful. Also, for the most part, the chapters dealing with psychosocial issues and interventions remain accurate and useful.

The authors, a psychiatrist and psychologist, are on the faculty of the University of Rochester School of Medicine. They have added as chapter co-authors several of their Rochester colleagues with special expertise in selected areas. The chapters cover a range of topics, including neuropsychiatric aspects of HIV infection, psychotherapeutic intervention, spirituality, cultural/community systems, and ethical issues.

A number of very clear and useful clinical vignettes are provided that give the reader a helpful way to see the theoretical issues applied in practice situations. The authors have a very engaging writing style that holds the reader's attention throughout. The book may be especially useful to health providers or mental health providers who are now just beginning to see HIV/AIDS in their practices.

The organizing framework and the topics that are covered in this book are excellent. Given the reality that much is changing rapidly in terms of understanding HIV, it would be helpful if the authors could provide regular updates in the form of new editions of the book.

VINCENT J. LYNCH, D.S.W.
Chestnut Hill, Mass.

AGING

The American Psychiatric Press Textbook of Geriatric Neuropsychiatry, *edited by C. Edward Coffey, M.D., and Jeffrey L. Cummings, M.D. Washington, D.C., American Psychiatric Press, 1994, 693 pp., $94.50.*

What exactly is geriatric neuropsychiatry? In this age of increasing subspecialization in academia but an increase in reliance on nonspecialized primary care in clinical settings, do we really need a textbook specifically devoted to geriatric neuropsychiatry? This book both describes what the field is and then proves itself to be a useful clinical tool. I spent several months test-driving it while attending on a geriatric psychiatry ward specifically devoted to complex cases requiring multidisciplinary behavioral care.

There has been considerable debate about what the term "neuropsychiatry" entails, much less when modified by the word "geriatric." Essentially, geriatric neuropsychiatry covers the research and treatment of brain disorders commonly seen in geriatrics—delirium, dementia, and depression. Further, geriatric neuropsychiatry approaches these disorders from a firm understanding of the relative contributions of not only the brain but also psychosocial factors. Geriatric neuropsychiatry uses more knowledge of the secondary causes of disorders and regional neuroanatomy than does the traditional psychiatric approach and places more emphasis on psychosocial factors and understanding psychosis than does traditional behavioral neurology.

How well does this textbook perform in a clinical setting on the wards? The book is well edited and well written by several authors, many (but not all) from the University of California, Los Angeles, the University of Pittsburgh, and Johns Hopkins University. There are useful tables, nice graphics, and thorough indexes. Additionally, several of the chapters are truly outstanding—particularly one by the editors on relationships between the brain and behavior, which captures the true essence of what neuropsychiatry is all about. However, the book contains some noticeable errors, and, because knowledge in the clinical and basic neurosciences is expanding at warp speed, the book is already slightly out-of-date. For example, the chapters on imaging do not cover exciting developments in fast scanning with magnetic resonance imaging, allowing it to be used in a functional way like positron emission tomography or single photon emission computed tomography. Similarly, in the chapters on Alzheimer's disease, there is no mention of apoliprotein E4, the genetic vulnerability marker that is transforming research in this area. The textbook also lacks clinical breadth—a problem that I have noticed in other textbooks of "neuropsychiatry." For example, there is no description or explanation of neurofibromatosis. Granted, this disorder rarely first presents in a geriatric setting, but it is a nervous system disease that is found in some elderly patients. Of even more concern is that, in a summary chapter on geriatric psychopharmacology, fluoxetine is listed as having no effect on sexual function, which ignores a common and clinically important side effect. Future editions will no doubt improve on these first edition errors.

The textbook is, nevertheless, clinically useful, although it should be used with other neurology or psychopharmacology texts and electronic searches of recent advances. Nobly, the book represents the important coming together of the disciplines of neurology (with the exception of peripheral nerve and muscle) and psychiatry. As the world population ages and the life span continues to increase, rather than combating disorders of bodily organs, the job of medicine will increasingly be to maintain active and healthy minds, which, as we know, arise from the brain. This is a useful book for those engaged in this task.

MARK S. GEORGE, M.D.
Charleston, S.C.

Clinical Neurology of Aging, 2nd ed., *edited by Martin L. Albert and Janice E. Knoefel. New York, Oxford University Press, 1994, 704 pp., $125.00.*

Dementia, stroke, fractures and immobility, and urinary incontinence account for significant morbidity in the elderly. All

involve nervous system dysfunction. They often occur in the context of age-related risk factors—hypertension, orthostatic hypotension, diabetes, delirium, multiple drug use, decreased sensorimotor abilities—rendering care and treatment of the elderly a multidimensional problem requiring coordinated efforts by neurologists, psychiatrists, and geriatricians. Since individuals older than 65 years now compose 12.6% of the United States population and will constitute 22.6% by the year 2040, considerable effort must be exerted to address these issues for both medical and economic reasons.

This comprehensive, multiauthored volume provides an up-to-date evaluation of the central, peripheral, and autonomic nervous systems during healthy aging and disease. It identifies neurochemical, immunologic, genetic, and histochemical age changes and outlines methods of neuroimaging, cognitive and behavioral evaluation, and clinical neuropharmacology in relation to differential diagnosis and treatment of diseases that are particularly relevant to the elderly.

The book is divided into six sections. Scientific Basis of Geriatric Neurology includes chapters by T. Kemper on brain anatomy and by S. DeKosky and A. Palmer on different neurotransmitter systems. J. Growden and D. Cole outline a hierarchical pharmacological approach to neurodegenerative disease, beginning with palliative measures and ending with preventive ones. J. Antel and J. Minuk discuss neuroimmunology, and L. Farrer discusses molecular genetics of aging and dementia.

In Clinical Examination and Diagnostic Studies, D.A. Drachman presents the neurological evaluation of the elderly patient with validated psychometric and behavioral instruments. Scales for measuring activities of daily living are discussed by G. Odenheimer and K. Minaker. W. Jagust's excellent discussion of brain imaging does not note, however, that stimulation paradigms may identify altered brain circuitry. J.S. Meyer's chapter on brain blood flow using ^{133}Xe ignores evidence from positron emission tomography that "hypofrontality" does not accompany aging (1) and that hemispheric metabolic reductions in Alzheimer's disease are not symmetrical. The latter point is made in W. Jagust's chapter. In this and other instances, the book could have benefited from editing to consolidate duplicated material and to cross-reference material in different chapters.

In Mental Status, A. Mandell and M.L. Albert discuss the Geriatric Mental Status Examination with regard to age changes in cognition. Z.J. Lipowski's discussion of delirium identifies an important area for research efforts. Chapters on primary dementias by A. Lerner and P. Whitehouse, on secondary dementias by D. Sultzer and J. Cummings, and on psychiatric disorders by M. Jenike (which considers the complex psychopharmacology of the elderly) form an integrated approach to understanding abnormal behavior and cognition in the elderly.

Special Senses addresses age and disease changes in vision, audition, smell, taste, and sensation and is of practical use. Motor Control and Peripheral Function includes discussions of gait disturbances by L. Sudarsky, of Parkinson's disease by H. Shale and S. Fahn, and of nonparkinsonian movement disorders by C. Comella and H.K. Klawans. Peripheral neuropathies also are considered. Finally, Common Neurological Conditions addresses brain tumors, cerebrovascular diseases and stroke, dizziness, headache, seizures and epilepsy, falls, urinary incontinence, and stress.

REFERENCE

1. Duara R, Grady C, Haxby J, Ingvar D, Sokoloff L, Margolin RA, Manning RG, Cutler NR, Rapoport SI: Human brain glucose utilization and cognitive function in relation to age. Ann Neurol 1984; 16:703–713

STANLEY I. RAPOPORT, M.D.
Bethesda, Md.

DEVELOPMENT

Development Through Life: A Handbook for Clinicians, *edited by Michael Rutter and Dale F. Hay. Cambridge, Mass., Blackwell Scientific, 1994, 615 pp., $125.00.*

At the start of psychiatric training, students often have a keen interest in learning about human development. This is particularly the case for those hearty few who aim to enter the specialty of child psychiatry. Perhaps naively, students assume that this developmental perspective will be a critical aspect of their psychiatric training. Somewhere along the path to enlightenment, we lose this notion, in favor of filling our brains with the details of diagnostic criteria and the nuances of pharmacological and psychological interventions. Unfortunately for us and our patients, our pursuit of understanding the intricacies of human development is often relegated to simply memorizing the stages of Piagetian or Eriksonian development. Fortunately, Professors Rutter and Hay have provided *Development Through Life: A Handbook for Clinicians* to give us another chance to appreciate the importance of the developmental perspective in understanding our patients.

The chapters in this text are uniformly of excellent quality. The editors have assembled a distinguished group of authors spanning a variety of disciplines (including psychology, psychiatry, sociology, genetics, and linguistics), who are able to integrate data across a range of influences on development. As noted in the preface, this text examines the patterns of continuity and discontinuity in both normal and abnormal domains and links developmental mechanisms as they apply across the life span. The opening chapter by Professor Rutter, entitled "Continuities, Transitions and Turning Points in Development," sets the stage for subsequent chapters by broadly examining the mechanisms that perpetuate and alter behavioral trajectories over time. So, for example, in the study of institutionalized girls by Quinton and Rutter (1), positive school experiences were associated with an increased tendency for girls to exert planning in their marital choices. This behavior increased the likelihood of having a more harmonious marriage to a nondeviant spouse, which then increased the probability of a better outcome in adulthood. These indirect links suggest potential turning points that may critically alter developmental behavioral trajectories.

Specific neurobiological factors underlying development are reviewed in two excellent chapters, "Genetic Influences" and "Brain Development," which point out, for example, that genetic influences tend to increase with age and that brain development is not a unidirectional phenomenon but, rather, involves not only growth but also selective neuronal loss. Both processes ultimately serve to improve function.

The complexities of environmental influences on development are discussed in several superb chapters on the effects of family, school, culture, and community. These chapters follow the approach taken by Rutter in chapter 1, delineating

underlying mechanisms and their links to the development of psychopathology over time.

Additional topics include chapters on the development of language, attachment, attention, aggression, temperament, gender differences, emotions, character, and intelligence. The chapters on intellectual development that question traditional views about intelligence, although quite interesting, may be too theoretical to appeal to most clinicians. Equally likely to be of interest to clinicians are chapters on the development of a theory of the mind, reading and spelling, sleeping and feeding, and psychological development in the elderly.

As noted in the preface, this book is written for clinicians who wish to learn about development as well as for students and teachers in the developmental disciplines who are interested in the implications of developmental issues for psychopathology. This outstanding text offers an authoritative and broad-reaching distillation of the complexities of human development and their relationship to psychopathology and would clearly be a worthwhile addition to the library of students, teachers, and/or clinicians.

REFERENCE

1. Quinton D, Rutter M: Parenting Breakdown: The Making and Breaking of Inter-Generational Links. Avebury, England, Aldershot, 1988

JOSEPH PIVEN, M.D.
Iowa City, Iowa

The Course of Life, Vol. VI: Late Adulthood, *edited by George H. Pollock, M.D., Ph.D., and Stanley I. Greenspan, M.D. Madison, Conn., International Universities Press, 1993, 517 pp., $65.00.*

In an era of psychiatry dominated by neuropsychiatry and empirical-based studies, developmental studies, especially in adulthood, have receded to the background. Even as Gail Sheehy has published yet another book on "passages" and how to cope with them (1), less emphasis is placed on the scholarly study of late-life development. This decline in the study of mid- and late-life developmental issues occurs at the very time when geriatric psychiatry has ascended to subspecialty status within psychiatry and numerous studies are forthcoming regarding psychiatric disorders "in the elderly." Most of these studies of psychiatric disorder in late life do not emphasize developmental issues but, rather, examine late life as a snapshot. Perhaps a psychiatry of mid-life will emerge with a similar snapshot approach.

For this reason, this comprehensive volume edited by George Pollock and Stanley Greenspan could be a welcome addition to the psychiatric literature. This volume is the sixth in the Course of Life series, which provides a comprehensive psychoanalytic perspective on development. George Pollock is past President of APA and of the American Psychoanalytic Association and has spent many years focusing on developmental issues in late life, and Stanley Greenspan is a well-known child psychiatrist who has focused on childhood development. They provide excellent editorial potential.

Contributors to the book include internationally known authorities in mid- and late-life development, including George Vaillant and Mort Lieberman, as well as internationally known psychoanalysts such as Paul DeWald, Arnold Modell, and E. James Anthony (a child analyst). The subject matter of the book is iterative and this, paradoxically, produces a refreshing orientation and disjointed structure to the volume. For example, three chapters that focus on transitions in late mid-life ("Late Mid-Life Development," "Transformational Tasks in Adulthood," and "A Reexamination of Adult Life Crises: Spousal Loss in Mid- and Late-Life") are followed by a fourth chapter entitled "The Archaic Adaptive Ego," by Stanley Palombo. What does the archaic adaptive ego have to do with late-life development? Palombo comes close to providing an intriguing connection when he emphasizes the involuntary nature of the archaic adaptive ego and what effect this, in turn, has on current decision making. The difference in this process between a person who is 25 years old compared with a person of 60 is not well delineated, however.

Yet another example of an intriguing, integrative topic that does not integrate is the chapter by Wolbert on "Metapsychology to Pathopsychophysiology: Toward an Etiological Understanding of Major Affective Disorders." No topic could perhaps be more interesting or relevant to the mood disorders that affect persons in the transition to late life. Unfortunately, Dr. Wolbert scarcely mentions the transition in paradigms of thought regarding mood disorders in relationship to late-life development.

In summary, this volume teases the reader. On the one hand, each chapter is intrinsically interesting and generally well written. In addition, each topic selected could have significant application to developmental processes in late adulthood. Some of the chapters address the developmental aspects directly, whereas others are more likely to contrast psychoanalytic and psychosocial approaches to psychiatric disorders with neurobiological approaches, neglecting the context of late adulthood.

Despite these concerns, I think that this book provides valuable discussions of paradigm shifts and conflicts between orientations toward psychiatric disorders and adaptation in general, not to mention the chapters that address development in late adulthood directly. The book is large enough that a good review of development in mid- and late-life can be abstracted from those chapters which focus specifically on this topic.

REFERENCE

1. Sheehy G: New Passages: Mapping Your Life Across Time. New York, Random House, 1995

DAN G. BLAZER, M.D.
Durham, N.C.

ASSESSING COGNITION

Cognitive Assessment for Clinicians, *by John R. Hodges. New York, Oxford University Press, 1994, 230 pp., $59.00; $27.95 (paper).*

If you are a clinician with an interest in cognitive assessment but limited experience with cognitive screening and no neuropsychologist readily available, this extended guide provides an excellent resource. By gaining basic conceptual knowledge about normal cognitive functioning, clinicians can learn to recognize abnormal patterns of thinking that can then be more formally assessed. By becoming more conversant with bedside or brief clinic cognitive testing, clinicians can learn to use the services of their neuropsychologists more effectively. Dr. Hodges clearly and repeatedly states that his book is meant to be neither a textbook of neuropsychology nor a com-

pendium of neuropsychological tests, and this is an important caveat. However, it is an excellent overview that plays a very useful role in providing a rational and theoretical basis for cognitive assessment by a nonneuropsychologist at the bedside or in the clinic.

Chapters 1 and 2 provide information on theoretical aspects of cognitive function, divided into those which have a widely distributed neural basis (attention, memory, executive function) and those functions which are lateralized to one hemisphere or one region of one hemisphere (language, visuospatial abilities, praxis). Neuropsychological concepts, basic applied anatomy, clinical disorders, and appropriate tests are described. A very clear, simplified overview is provided for each of these cognitive functions, as well as an explanation of their manifestations in delirium and dementia. This background information, meant to aid in the formulation of questions about cognitive functioning, and to aid in interpretation and diagnosis, makes up approximately half of the book. In chapters 3 and 4, practical information is provided on how to take a cognitive history and techniques and tools for assessment at the bedside or in the clinic are presented. Suggestions for gathering a complete history and information on the course of the presenting problem are offered. In addition, specific test items, as well as examples of normal and abnormal performance, are provided to illustrate particular types of cognitive impairment.

Chapter 5 contains 12 case histories, taken primarily from the author's joint neurology-psychiatry cognitive disorders clinic in Cambridge, England. Each case history illustrates the approach advocated in earlier chapters. They are written in short note form and include cases with relatively common syndromes (e.g., Alzheimer's disease and depression) or interesting syndromes from a neurological and neuropsychological perspective (e.g., bilateral thalamic infarction with amnesia, aphasias, right parietal tumor, and prosopagnosia). Each case history describes the history from the patient and the family, the patient's medical history, tests administered and their findings, imaging results when available, differential diagnoses, and a summary of the principal conclusions, indicating whether the services of a neuropsychologist were recommended. Finally, chapter 6 describes standardized mental test batteries that are in common use (the Mini-Mental State, Information-Memory-Concentration Test, Hodkinson Mental Test, Dementia Rating Scale, and Cambridge Cognitive Examination) with comments on their use and abuse, and the appendix contains details on a selection of widely used neuropsychological tests with which clinicians should be familiar. A more comprehensive reading list is included as well.

The book is well written and easy to read and follow, and it provides examples of both tests that can be given fairly readily by clinicians without specialized training and interesting cases that illustrate the need for screening and more comprehensive assessment. It accentuates the importance of establishing an accurate and detailed account of the patient's presenting problem and its evolution, including cognitive and personality problems as well as other symptoms, from both the patient and another independent and informed source. A conceptual framework is included to help in interpreting the relationship between brain and behavior on the basis of the types of deficits noted. The fact that this book provides primarily information on bedside/brief clinical assessment is frequently emphasized, as is the fact that more comprehensive evaluation by a neuropsychologist may often be required. Many of the tests described in the appendix are used regularly by neuropsychologists as part of a comprehensive assessment. In fact, clinicians who work with neuropsychologists may want to meet with them to develop a screen that contains complementary information, so that they do not use the same tests as part of their screen. It made me remember why I decided to be a neuropsychologist, and I think that clinicians with an interest in cognitive assessment will find it absorbing and useful.

LAURA A. FLASHMAN, PH.D.
Lebanon, N.H.

Clinical Neuropsychological Assessment: A Cognitive Approach, *edited by Robert L. Mapou and Jack Spector. New York, Plenum, 1995, 362 pp., $65.00.*

Neuropsychology underwent a paradigm shift in the 1970s. Up to that time, neuropsychologists used set groupings of tests such as the Halsted-Reitan battery and administered them in a standardized fashion to all patients or subjects. The new approach developed from several research and clinical strands and used groups of tests chosen on the basis of the presentation of the individual or the research question to be addressed. A major turning point in this paradigm shift was the publication of Muriel Deutsch Lezak's *Neuropsychological Assessment* (1). This single-authored text provided guidance to the clinician on how to choose the areas on which to focus, a rationale for the selection of specific tests, and a compendium of available tests. The popularity and utility of this text is attested to by its recent publication in a third edition (2).

Clinical Neuropsychological Assessment follows in the same tradition. It begins with useful overviews of the major areas of cognitive function (attention, problem-solving/executive function, language disorders, reading disorders, and visuocognitive processes). The authors of each chapter provide brief dissections of the function being reviewed and discuss some of the tests available to examine capacity in that realm. Each then discusses how to use tests in a hypothesis-testing approach. These discussions are clear, succinct, and accessible to the beginner. The editors finish the volume with two chapters that summarize the earlier chapters and place them in the context of the clinical assessment. These latter chapters are somewhat repetitive of information provided earlier in the book. More disappointing, though, is their lack of clear guidance on how to select the specific cognitive function(s) that should be tested or direction on how to select specific tests. Although this information is scattered throughout the book, it is not provided in a fashion that is useful to the beginner or sophisticated enough for the more advanced student. How then does this book compare with Lezak's most recent edition? Lezak is more comprehensive and more critical. *Clinical Neuropsychological Assessment* provides less direction but provides a broader point of view. Thus, *Clinical Neuropsychological Assessment* serves best as an introduction to the field for a person with little background in neuropsychology.

REFERENCES

1. Lezak MD: Neuropsychological Assessment. New York, Oxford University Press, 1976
2. Lezak MD: Neuropsychological Assessment, 3rd ed. New York, Oxford University Press, 1995

PETER V. RABINS, M.D.
Baltimore, Md.

SUBSTANCE ABUSE

Addiction Psychiatry: Current Diagnosis and Treatment, *by Norman S. Miller, M.D. New York, John Wiley & Sons, 1995, 300 pp., $54.95.*

Norman Miller, a prolific author, educator, and charismatic teacher, describes addiction psychiatry as a new field. He says,

> These are exciting times for those who are dedicated to the diagnosis and treatment of addictive disorders. This book offers clinical psychiatrists and other mental health professionals a synthesis of current diagnosis and treatment in Addiction Psychiatry . . . [and] practical information to guide the clinician.

As the editor of the official manual of the American Society of Addiction Medicine (1) and author of numerous clinical practice guidelines, Dr. Miller has a firm grasp on the issues of core competence for physicians, patient risk and resiliency factors, treatment options, success rates, and standards of care. He has been a beacon for many in the debates about the proper place for the addictions in psychiatry and in championing the notion that addictions and psychiatric disorders are independent. He dedicates this book to "this new field and . . . important leaders who have been instrumental in creating the field of addiction psychiatry, particularly Drs. Richard Frances and Sheldon Miller." The critical importance of a psychiatrist who is competent to treat addiction may be a subject for debate among physicians, but it is clear to Dr. Miller.

Dr. Miller discusses at great length and with considerable scholarship the distinction between coexisting and independent disorders and the self-medication hypothesis. His book is most strong and convincing in its discussion of a systematic approach to differential diagnosis starting on page 146. Dr. Miller's seven steps for defining and applying a treatment plan are the essential ingredients of his approach to a patient as an addiction psychiatrist. In addition, starting on page 217, he outlines the competition for ideas that exists among self-help groups, 12-step fellowships, and the addiction psychiatrist and presents his approach to integration. Clearly, he is a teacher, researcher, and practicing addiction psychiatrist.

Consistent with the emphasis on addiction as a lifelong and chronically relapsing illness and on the paucity of successful treatments, Dr. Miller gives much more consideration to prevention and education than do comparable texts. In this area he is clearly leading the field by predicting the emphasis on prevention that public health officials and curriculum developers are giving to this vital field. Treatment may be arduous and fraught with pitfalls, but it can be very effective with early detection. A more active physician, empowered with the tools of addiction psychiatry, can educate patients, prevent addiction, and increase the efficacy of current treatments by early intervention. Although often neglected, prevention should be part of the training of every medical student and resident (2).

Addiction psychiatrists are being asked why pretreatment measurements, such as the number of cigarettes smoked per day, number of years smoked, expired carbon monoxide level, blood nicotine levels, blood cotinine levels, and scores on the Fagerstrom Tolerance Questionnaire fail to predict who will succeed and who will fail in smoking cessation treatment programs. What we know is that traditional measures of addiction severity do not predict success in smoking cessation (3), as is true of addiction to other substances. We also know that although the transdermal nicotine patch system helps people stop smoking, successful cessation rates are optimized by a combination of detoxification and group therapy and/or specific relapse prevention treatments. The care of an addiction psychiatrist plus the patch is greater in efficacy than either alone.

It is clear from research in other addictive disorders that successful detoxification is merely a first step in abstinence and recovery. Furthermore, the neuroanatomical evidence suggests that the physiological signs and symptoms of abstinence are independent of the drive for the drug, the drug's reinforcing effects, and relapse. Dr. Miller has published extensively in this area, and he helps the reader understand and appreciate the limitations of chlordiazepoxide as a treatment for alcoholism or the patch as a treatment for nicotine dependence (4). Comorbidity is also important here. Even though depression is not usually listed as a smoking withdrawal symptom, Golub and Johnson (5) found that patients with a history of major depression were likely to develop depressive symptoms when they tried to quit.

The combination of self-administration and potent, rapid-onset access to endogenous reward by means of the drug may create and maintain a new drive state that gains strength to control behavior with continued use. Detoxification from nicotine, alcohol, opiates, cocaine, or other substances is just a first step. Early detection, prompt and vigorous detoxification, and relapse-preventing treatment appear to be essential when prevention and education have failed. Dr. Miller describes the major classes of drugs of abuse and their primary site of action, the typical history, signs and symptoms, and detoxification strategies in a section entitled Pharmacological Treatments: Practical Guide, which represents a "book within a book." Sedatives, tranquilizers, stimulants, opiates, and psychedelic agents are described in detail, and nicotine and tobacco products are mentioned.

Methadone and methadone maintenance are briefly discussed on page 229 as "controversial." As with naltrexone, selective serotonin reuptake inhibitors, and other forms of pharmacological treatments, the better outcomes appear to occur with compliant and motivated patients. Outcomes in 12-step fellowships and other programs are also related to motivation. Motivation enhancement and motivation evaluation are considered essential parts of the initial addiction patient interview. In the United States, pharmacological treatments that reduce relapse and increase the efficacy of psychosocial treatments are in a resurgence with naltrexone for alcoholism. Methadone can be viewed as a maintenance treatment with specific treatment goals. There are at least 100,000 patients currently being treated with methadone. The factors associated with lowest heroin use are high dose of methadone, experienced counselors, and comprehensive services. Improvement, although not instant, continues over the course of months (6). Methadone decreases illicit drug use and intravenous drug self-administration, and its efficacy is greater when coupled with other treatments and services. It is an important and effective treatment in many patients and also important in public health efforts directed toward intravenous users and HIV prevention.

Psychiatrists who specialize in addiction manage large numbers of patients who are mentally ill, chemically dependent, HIV- and AIDS-infected, and dependent on intravenous drugs. Spouses of addicts and an alarming number of alcoholics and other drug-dependent individuals with no obvious intravenous use are HIV positive. Mahler et al. (7) studied the discarded admission blood samples of 300 alcoholic inpatients and found that nearly half of the 31 patients who were found to have undetected HIV had no HIV risk factors in their charts; they also found that more than 25% of the patients who had been tested for HIV and found negative in the past

were HIV positive. Alcohol has been viewed as a sexual disinhibitor, which may place individuals at greater risk of HIV infection. Alcoholism may serve as a marker for individuals who practice a constellation of high-risk behavior, including greater risk of acquiring HIV infection. There is a relatively high likelihood of heterosexual spread of HIV among patients in alcohol treatment programs and an urgent need to halt the spread of HIV in this population (8).

Addiction Psychiatry: Current Diagnosis and Treatment is well organized, concise, and written in a style that is logical as well as didactic. Patients and their problems are placed at the top of the list of problems to be addressed. Dr. Miller closes this excellent text with steps that a clinician can take to help the patient initiate and maintain abstinence. Written by a doctor's doctor, this section of important starting points for group therapy, beginning on page 265, leads to a critically important section on creating a lifestyle of sobriety, a timely contribution with a special emphasis on arrested development and maturation that is one of the best I have read on the subject.

REFERENCES

1. Miller NS (ed): Principles of Addiction Medicine. Chevy Chase, Md, American Society of Addiction Medicine, 1995
2. Centrella M: Physician addiction and impairment—current thinking: a review. J Addict Dis 1994; 13:91–105
3. Kenford SL, Fiore MC, Jorenby DE, Smith SS, Wetter D, Baker TB: Predicting smoking cessation: who will quit with and without the nicotine patch. JAMA 1994; 271:589–594
4. Gold MS: Tobacco. New York, Plenum, 1995
5. Golub A, Johnson B: The shifting importance of alcohol and marijuana as gateway substances among serious drug abusers. J Stud Alcohol 1994; 55:607–614
6. Jaffe JH: Pharmacological treatment of opioid dependence: current techniques and new findings. Psychiatr Annals 1995; 25:369–375
7. Mahler J, Yi D, Sacks M, Dermatis H, Stebinger A, Card C, Perry S: Undetected HIV infection among patients admitted to an alcohol rehabilitation unit. Am J Psychiatry 1994; 151:439–440
8. Avins AL, Woods WJ, Lindan CP, Hudes ES, Clark W, Hulley SB: HIV infection and risk behaviors among heterosexuals in alcohol treatment programs. JAMA 1994; 271:515–518

MARK S. GOLD, M.D.
Gainesville, Fla.

Alcohol and Alcohol Problems, *edited by G. Edwards and T.J. Peters. Edinburgh, Churchill-Livingstone, 1994, 230 pp., £57.00*

This book is a special issue of volume 50 of the *British Medical Bulletin.* It contains 18 articles devoted primarily to reviews of specific topics pertaining to the biological basis and consequences of alcohol misuse.

An impressive amount of information is packaged in this volume. Without exception, each article is focused, cogent, and up-to-date. The level of scholarship is well above the ordinary. Unfortunately, however, the topics are not arranged in any systematic order, resulting in a fragmented volume that lacks a thematic framework. For reasons that defy obvious logic, the editors have selected simply to display each topic rather than attempt to weave these well-written articles into a coherent presentation of the causes, correlates, and effects of alcohol misuse. The index is skimpy and almost useless.

The best articles address the consequences of alcohol misuse on organ-system injury. Discussions of the effects of long-term alcohol excess on bone, brain, cutaneous, and cardiovascular systems are thorough and informative with respect to medical management of alcohol-related disease. The article on hepatic disease is especially noteworthy because it not only reviews the causes of alcohol-induced liver disease but is also one of the few recently published articles to review treatment of liver disease. The lack of integration among the articles on the disease sequelae of alcohol misuse, however, impedes understanding of the "whole patient." This is unfortunate inasmuch as two chapters are devoted to treatment of alcohol problems in primary care and hospital settings. One shortcoming in most of the articles is a failure to address the extent to which alcohol-induced disease as well as accidental injury concomitant to alcohol misuse are moderated by biological and behavioral risk factors.

There are no discussions addressing the psychiatric, behavioral, or forensic aspects of alcohol misuse. Taxonomy, diagnosis, and treatment of alcoholism as either a psychiatric or a behavioral disorder are not considered, with the exception of one article describing cue exposure conditioning methods. Although a strong case is made for increased attention to prevention and the need for greater involvement by physicians in primary care settings, there is no mention of the need to prevent injury from exposure to alcohol during fetal development.

The strength of this book resides in the succinct reviews of selected topics. Its deficiencies reside in the absence of thematic integration and comprehensiveness. Consequently, it is not apparent that alcohol misuse is a multifaceted medical/psychiatric disorder. Although each article is densely packed with information, there is no elaboration of theory in which the empirical and clinical data are organized. These shortcomings aside, this is a good primer for individuals seeking cogent reviews of the nonpsychiatric literature on alcoholism.

RALPH E. TARTER, PH.D.
Pittsburgh, Pa.

Reprints of Book Forum reviews are not available.